

# Office of Thrift Supervision

## Confidential Financial Disclosure

### INSTRUCTIONS

This Office of Thrift Supervision Confidential Financial Disclosure (OTS 1569) requests information from covered OTS employees to ensure ethical conduct, prevent conflicts of interest, and monitor compliance with the Standards of Ethical Conduct for Employees of the Executive Branch (“Standards,” 5 C.F.R. 2635), the prohibitions on loans to and investments by covered OTS employees in the Supplemental Standards of Ethical Conduct for Employees of the Department of Treasury (“Supplemental Standards,” 5 C.F.R. 3101), and the Rules of Conduct for Treasury Department Employees (“Treasury Rules,” 31 C.F.R. 0). The information also permits scheduling assignments so that no employee participates in any examination, supervision, or decision involving any OTS-regulated savings association (SA) or related entity that has extended credit to the employee, employs a relative, or has opened employment discussions, unless permitted by the Standards, the Supplemental Standards, or the Treasury Rules.

For employees at Grades 21 and above, this report adds OTS-required information to the Executive Branch Personnel Confidential Financial Disclosure Report (OGE 450) or the Executive Branch Personnel Public Financial Disclosure Report (SF 278).

Disclosures of information reported on this form are governed by the Privacy Act (5 U.S.C. 552a) and are allowed only as the Secretary of the Treasury, the Director of OTS or other appropriate official may determine.

Failure to accurately complete this OTS 1569 and submit it on time may result in disciplinary action.

### CAUTION

**EXAMINERS, PLEASE NOTE:** This form does not ask you to report extensions of credit from thrift affiliates. However, you should notify your supervisor and the ethics counsel if you are assigned to examine a thrift affiliate that has extended credit to you, your spouse, or minor children.

Notwithstanding the filing of the OTS 1569, each OTS employee shall at all times avoid acquiring a financial interest or taking an action that could result in a violation of the conflict of interest provisions of 18 U.S.C. 201 *et seq.*, the Standards, the Supplemental Standards, the Treasury Rules, or other applicable restrictions.

**WHO MUST FILE:** Covered employees (all examiners, all other employees at Grades 17 and above, and any others designated by authorized OTS officials).

**WHEN TO FILE:** When starting OTS employment, new covered entrants must file an OTS 1569. Incumbent *confidential filers* (covered employees up through Grade 27) must submit an OTS 1569 by October 31<sup>st</sup> of each subsequent year, even if no changes occurred since the prior filing. For employees at Grades 21-27, the OGE 450 also is due October 31<sup>st</sup>. Incumbent *public filers* (Grades 28 and above) must submit the OTS 1569 and the SF 278 by May 15<sup>th</sup> annually.

**REPORTING PERIOD:** For *new entrants*, the reporting period is the preceding twelve months from the date of filing. For incumbent *confidential filers*, the reporting period is the preceding twelve months ending September 30<sup>th</sup>. For incumbent *public filers*, the reporting period is the preceding twelve months ending May 15<sup>th</sup>.

**WHERE TO FILE:**

The form is available in an electronically fillable format on the OTS Intranet under *Offices > Chief Counsel > Financial Disclosure Forms*. After completing the form electronically, save it, then you may submit it by email to one of the individuals listed below. Or, you can print the form, complete it by hand, and mail it in a sealed envelope marked “Confidential” to:

For West Region employees:

Paul Hutson  
OTS Regional Ethics Counsel  
1551 North Tustin Avenue, Suite 1050  
Santa Ana, CA 92705-8635  
Email: [megan.sweeney@ots.treas.gov](mailto:megan.sweeney@ots.treas.gov)

For all other employees:

Elizabeth Moore  
OTS Ethics Counsel  
1700 G Street, NW  
Washington, DC 20552  
Email: [financial.disclosure@ots.treas.gov](mailto:financial.disclosure@ots.treas.gov)

**DEFINITIONS:**

- “SA” means an OTS-regulated savings association. To determine whether an entity is an SA, check the Prohibited Source list under “Tools” on the OTS Intranet.
- “HC” means a holding company that owns an SA, whether or not the holding company is regulated by OTS. To determine whether an entity is an HC, check the Prohibited Source list on the OTS Intranet.
- “Subsidiary” means a company owned, directly or indirectly, by an SA.
- “Affiliate” means a company controlled, directly or indirectly, by an HC, other than an SA and its subsidiaries.
- “Minor child” means a child under age 21 that you claim or could claim as a dependent for tax purposes.
- “Examiner” means any OTS employee in the 0570 occupation code.

**HINTS AND TIPS:**

In Question 2, employees who report a credit card issued by an OTS-regulated lender are asked to attest that the card “was obtained and is being held on non-preferential terms in accordance with 18 U.S.C. 213(c)(4).” A credit card is deemed to be obtained and held on non-preferential terms if: (A) the applicant satisfies any financial requirements for the account that are generally applicable to all applicants for the same type of credit card account, and (B) the terms and conditions applicable to the account, and any credit extended under it, are no more favorable generally to the borrower than the terms and conditions generally applicable to the same type of loan by the same lender to other cardholders in comparable circumstances. Employees (including examiners) do not ordinarily need a recusal for a credit card that is obtained and held on non-preferential terms.

In Question 2, many employees have incorrectly listed their credit card accounts with only a retailer’s name, such as “Macy’s credit card.” This is not sufficient because it does not identify the actual lender. To determine the actual lender, check the back of the credit card or the monthly statement. Be sure to list the lender’s full name and address (city and state), and the OTS Docket number. For SA subsidiaries, list the docket number of the parent SA. This information is available from Ecef on the OTS Intranet.

Report loans even if you are recused from dealing with that lender.

**Use a duplicate page if you need more space. Please keep a copy of this form for your records.**

# Office of Thrift Supervision

## Confidential Financial Disclosure 2005–2006

Please check one: <input type="checkbox"/> New Entrant <input type="checkbox"/> Annual Filing				Submission date:	
Name			Position title		
Month & year of appointment to OTS /	Grade TG -	Region	Division	Work telephone number ( ) --	

<b>1. Recusals</b>			
Do you have any current recusals/employment restrictions?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what SA(s) or other prohibited source(s)?			
Name of SA or other entity		City	State      OTS Docket No.
Reason for recusal			
Name of SA or other entity		City	State      OTS Docket No.
Reason for recusal			

<b>2. Credit from SAs or subsidiaries.</b> Have you, your spouse, or minor child(ren) any extensions of credit (mortgage, credit card, line of credit, overdraft protection, or other loan by any credit means) from an SA or subsidiary, even if there is no unpaid balance on the line of credit? Report only extensions of credit of which an SA or subsidiary is the owner, not merely the servicer					
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list each credit extension below.					
Name of creditor		City		State	OTS Docket No.
Borrower's relationship to you	Type (auto loan, credit card, etc.)	Amount \$	Maturity Date (Year)	Reported on last year's form? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If this is a credit card: I attest that this loan was obtained and is being held on non-preferential terms, in accordance with 18 U.S.C. 213(c)(4) (see instructions to this form).    Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name of creditor		City		State	OTS Docket No.
Borrower's relationship to you	Type (auto loan, credit card, etc.)	Amount \$	Maturity Date (Year)	Reported on last year's form? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If this is a credit card: I attest that this loan was obtained and is being held on non-preferential terms, in accordance with 18 U.S.C. 213(c)(4) (see instructions to this form).    Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name of creditor		City		State	OTS Docket No.
Borrower's relationship to you	Type (auto loan, credit card, etc.)	Amount \$	Maturity Date (Year)	Reported on last year's form? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If this is a credit card: I attest that this loan was obtained and is being held on non-preferential terms, in accordance with 18 U.S.C. 213(c)(4) (see instructions to this form).    Yes <input type="checkbox"/> No <input type="checkbox"/>					

<b>3. Servicing by an SA or subsidiary.</b> Does an SA or subsidiary now service any mortgage you have that was not reported in Question 2 above?			
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list the servicer(s).			
Complete name of servicer		City	State      OTS Docket No.
Have you had any problem with this servicer?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes briefly describe below.			

<b>4. Credit from HCs.</b> If you are NOT an examiner, check here and skip to Question 5. <input type="checkbox"/>					
Examiners: have you, your spouse, or minor child(ren) any extensions of credit from an HC?					
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list the credit extension(s) for each entity involved.					
Name of creditor		City		State	OTS Docket No.
Borrower's relationship to you	Type (auto loan, credit card, etc.)	Amount \$	Maturity Date (Year)	Reported on last year's form? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of creditor		City		State	OTS Docket No.
Borrower's relationship to you	Type (auto loan, credit card, etc.)	Amount \$	Maturity Date (Year)	Reported on last year's form? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**5. Extension of credit to business entity in which you or family have an interest.** Does any business entity (corporation, partnership, trust, investment club, profit sharing or retirement plan, etc.) in which you, your spouse, or minor child(ren) have a financial interest as an owner, partner, beneficiary, officer, or director, have an extension of credit from any SA, HC, or subsidiary? (Do not report limited partnerships or closely-held corporations in which you, your spouse, or minor child(ren) individually or jointly hold less than a 10% interest, with no managerial position.)  
Yes ☐ No ☐ If yes, please list the credit extension(s) for each entity involved.

Name of borrower		Name of lender involved		
City	State	City	State	OTS Docket No.
Type of credit (auto loan, credit card, etc.)	Amount \$	Maturity Date (Year)	Reported on last year's form? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name of borrower		Name of lender involved		
City	State	City	State	OTS Docket No.
Type of credit (auto loan, credit card, etc.)	Amount \$	Maturity Date (Year)	Reported on last year's form? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**6. Direct ownership of SA or HC securities.** Do you, your spouse, or minor child(ren) hold any financial interest in an SA or HC through ownership of stock, stock options, bonds, securities, commercial paper, or other securities?  
Yes ☐ No ☐ If yes, please list details below.

Complete name of SA or HC		Headquarters City	State	OTS Docket No.
Whose interest?	Type of interest (stocks, bonds, etc.)	Date of acquisition (Year)	Manner of acquisition	Current value or price (approx.) \$

Complete name of SA or HC		Headquarters City	State	OTS Docket No.
Whose interest?	Type of interest (stocks, bonds, etc.)	Date of acquisition (Year)	Manner of acquisition	Current value or price (approx.) \$

**7. Indirect ownership of SA or HC securities through a business entity.** Does any business entity (corporation, partnership, trust, investment club, profit sharing or retirement plan, etc.) in which you, your spouse, or minor child(ren) have a financial interest as an owner, partner, beneficiary, officer or director, hold any financial interest in securities of an SA or HC? Do not report (1) limited partnerships or closely-held corporations in which you, your spouse, or minor child(ren) jointly hold less than a 10% interest, with no managerial position, or (2) publicly traded mutual funds with less than 25% of their assets invested in SAs or HCs.  
Yes ☐ No ☐ If yes, please provide details below.

Name of business entity		City	State
Your interest (stock, bonds, management, etc.)	Name(s) of SA or HC owned	OTS Docket No.	Current value or price (approx.) \$

Name of business entity		City	State
Your interest (stock, bonds, management, etc.)	Name(s) of SA or HC owned	OTS Docket No.	Current value or price (approx.) \$

**8. Employment or business activities outside OTS.** If you are at Grade 21 or higher, check here and skip to the next question. ☐ Grades 20 and below: Report all outside employment or business activities, paid or unpaid. You need not report membership or services in political parties or campaign organizations, or in civic, religious, charitable, community, educational, or similar organizations, unless you are operating a business-type activity. Do not report rental of personally owned real or personal property, unless you are engaged in a commercial business venture. If none, check here. ☐

Name of business/organization		City	State
Your position	Date of OTS approval / /	Nature of business	Compensation/Earnings last year \$

Name of business/organization		City	State
Your position	Date of OTS approval / /	Nature of business	Compensation/Earnings last year \$

**9. Employment of family by OTS-regulated entities or contractors.** Is any family member (your spouse, parent, child, brother or sister, only) employed by an SA, HC, subsidiary, or affiliate, or any firm or business with which, to your knowledge, OTS has a regulatory, contractual, or other business or financial relationship?

Yes ☐ No ☐ If yes, please provide details below.

Family member's name	Relationship to you	Position	Nature of business	
Name of business entity		City	State	
Family member's name	Relationship to you	Position	Nature of business	
Name of business entity		City	State	

**10. Purchases from an SA.** Did you, your spouse, or minor child(ren) purchase any assets such as real property, a vehicle, or furniture from or through an SA, HC, subsidiary, or affiliate? Exclude any premiums acquired for opening an account, any asset publicly advertised or auctioned, and investment services if conducted under terms and conditions available to any member of the public.

Yes ☐ No ☐ If yes, please provide details below.

Name of SA, HC, subsidiary or affiliate		City		State
Purchaser	Asset purchased	Date of purchase (Year)	Purchase price \$	
Details of the purchase				

**11. Other disclosures.** Are there any other relationships or interests not reported on this Disclosure that may create an appearance of a conflict of interest with an SA, HC, subsidiary, affiliate, or other prohibited source (such as your close personal relationship with an employee or your seeking employment (see Standards, 5 C.F.R. 2635.603(b))?

Yes ☐ No ☐

If yes, please provide details here or attach an explanation:

## 12. Certification

I certify that my responses in this OTS Confidential Financial Disclosure and any attachments are true, complete and correct, to the best of my knowledge and belief. I also certify that I have read my responsibilities under the Standards, the Supplemental Standards, and the Treasury Rules.

\_\_\_\_\_  
Signature (type name if submitting by email)

\_\_\_\_\_  
Date

## OTS EVALUATION

I have reviewed this filer's OTS Confidential Financial Disclosure, with knowledge of the filer's present duties, to ensure that actual and apparent conflicts of interest are avoided. I find:

- ☐ No affiliation(s)/financial interest(s) reported.
- ☐ Reported affiliation(s)/financial interest(s) are unrelated to assigned duties; no conflicts appear to exist.
- ☐ Assigned duties require participation in matters involving or which may involve the following reported affiliation(s)/financial interest(s): \_\_\_\_\_

This conflict or apparent conflict will be resolved by: Mark 'X' in applicable space below, and explain if 'Other'.

- |   |  |
|---|--|
| <input type="checkbox"/> Divestiture of the interest(s) and elimination of all filer's related duties pending full divestiture. | <input type="checkbox"/> Change in assigned duties |
| <input type="checkbox"/> Disqualification (recusals)  | <input type="checkbox"/> Other: _____              |

I conclude that the filer is in compliance with applicable laws and regulations, unless noted above.

Signature of Reviewing Official	Title of Reviewing Official	Date
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